



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Injury 1 of Dallas

Respondent Name

City of Fort Worth

MFDR Tracking Number

M4-14-3033-01

Carrier's Austin Representative

Box Number 04

MFDR Date Received

June 5, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Enclosed are copies of the EOBs (1st & 2nd denials), claims, and documentation. The claim was denied per EOB service partially/fully furnished by another provider. Kelly Crenshaw, PsyD is supervised under Nicole Mangum, PhD.

In summary, it is our position that Corvel has established an unfair and unreasonable time frame in paying for the services that were medically necessary and rendered to [injured employee]."

Amount in Dispute: \$1052.30

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "CorVel Corporation has upheld the denial of charges with ANSI Reason Code B20 – Service partially/fully furnished by another provider in accordance with Texas Administrative Code Rule 133.20(e)(2) which indicates 'a medical bill must be submitted in the name of the licensed HCP that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care.' Based on the documentation provided, the examiner listed for the services disputed was Kelly Crenshaw PsyD, however the bills were submitted with Nicole Mangum PhD listed in Box 31. Kelly Crenshaw PsyD has a valid license of PS36685TX. As required by the Texas Administrative Code the charges in question should have been submitted for review 'in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care' [Texas Administrative Code Rule 133.20(e)(2)].

There was no 'unfair or unreasonable time frame' applied as charges were merely reviewed against state rules and both responses for the original submission and the response to a request for reconsideration were made in compliance with the timeframes set forth by the state. Additionally, respondent outlined the exact rule as a comment on the first submission's explanation of review, and for the HCP's research of denial basis and revision of billing.

Respondent respectfully submits that the denial was correct and timely."

Response Submitted by: CorVel Corporation, 3721 Executive Center Dr., Ste. 201, Austin, TX 78731

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 25, 2014	Psychiatric Diagnostic Evaluation	\$1052.30	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the procedures for billing of professional services by a health care provider.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - B20 – Srvc partially/fully furnished by another provider

Issues

1. Did the requestor bill under the correct health care provider?

Findings

1. 28 Texas Administrative Code §133.20(e) states, "A medical bill must be submitted: (2) **in the name of the licensed health care provider** that provided the health care **or that provided direct supervision of an unlicensed individual** who provided the health care" [emphasis added]. Review of the submitted documentation shows that Kelly Crenshaw performed the evaluation in question and that the provider is a "Texas Provisionally Licensed Psychologist #36685". Because the provider is not unlicensed, it is inappropriate to bill services under the supervising provider. Documentation indicates that the medical bill was submitted under the supervising provider, Nicole Mangum, PhD. Therefore, the requestor did not bill under the correct health care provider.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____ Signature	<u>Laurie Garnes</u> Medical Fee Dispute Resolution Officer	<u>December 29, 2014</u> Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.